

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2-15-01
FORMALITY REVIEW	HT	572	02/25
RESPONSE FORMALITY REVIEW	WT	571	05/02/01

INDEX OF CLAIMS

✓ ----- Rejected  
 u ----- Allowed  
 (Through numeral) ----- Canceled  
 + ----- Restricted  
 N ----- Non-elected  
 I ----- Interference  
 A ----- Appeal  
 O ----- Objected

Claim	Final	Original	Date
1	✓	✓	12/4/01
2	✓	✓	12/4/01
3	✓	✓	12/4/01
4	✓	✓	12/4/01
5	✓	✓	12/4/01
6	✓	✓	12/4/01
7	✓	✓	12/4/01
8	✓	✓	12/4/01
9	✓	✓	12/4/01
10	✓	✓	12/4/01
11	✓	✓	12/4/01
12	✓	✓	12/4/01
13	✓	✓	12/4/01
14	✓	✓	12/4/01
15	✓	✓	12/4/01
16	✓	✓	12/4/01
17	✓	✓	12/4/01
18	✓	✓	12/4/01
19	✓	✓	12/4/01
20	✓	✓	12/4/01
21	✓	✓	12/4/01
22	✓	✓	12/4/01
23	✓	✓	12/4/01
24	✓	✓	12/4/01
25	✓	✓	12/4/01
26	✓	✓	12/4/01
27	✓	✓	12/4/01
28	✓	✓	12/4/01
29	✓	✓	12/4/01
30	✓	✓	12/4/01
31	✓	✓	12/4/01
32	✓	✓	12/4/01
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34	✓	✓	12/4/01
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36	✓	✓	12/4/01
37	✓	✓	12/4/01
38	✓	✓	12/4/01
39	✓	✓	12/4/01
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41	✓	✓	12/4/01
42	✓	✓	12/4/01
43	✓	✓	12/4/01
44	✓	✓	12/4/01
45	✓	✓	12/4/01
46	✓	✓	12/4/01
47	✓	✓	12/4/01
48	✓	✓	12/4/01
49	✓	✓	12/4/01
50	✓	✓	12/4/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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